



**Municipal Services Agency
Building Inspection
General Information: (916) 875-5296
www.bldginspection.org**

4101 Branch Center Rd Sacramento 95827 Fax 916-854-9228	5229 Hazel Ave • Suite B Fair Oaks 95628 Fax (916) 854-9034
827 7 th St • Room 102 Sacramento 95814 Fax (916) 854-9229	6015 Watt Ave • Suite 4 North Highlands 95660 Fax (916) 874-2632

Permit Refund Request

Please Print Clearly

Today's Date: _____

Permit No. _____ Site Address _____ Permit Issue Date _____

Type of Permit: Building Plumbing Electrical Mechanical Pool/Spa Plan Check

Other (Describe) _____

Reason for Refund _____

Mail Refund To:

Name of Recipient _____ (_____) Telephone _____

Address _____ City _____ State _____ Zip _____

Printed Name of Applicant _____ Signature of Applicant _____

2010 CBC Section 109.6 FEE REFUNDS (as amended by SCC 16.02.80).

The Building Official may authorize the refunding of any fee paid hereunder that was erroneously paid or collected. The Building Official may authorize the refunding of plan review and/or building permit fees. Then plan review fee may be refunded when no plan review has been performed. The building permit fee may be refunded only when inspections have not been provided. The refund of these separate and independent fees shall not exceed 80% of the individual plan review or building permit fee.

The Building Official shall not authorize the refunding of any fee paid except upon written application filed by the original applicant **not later than 180 days after the date of fee payment**. Under no circumstances shall there be a refund of either fee if the plan review or building permit has expired.

1. Total Permit Fee is the sum of the "Building Permit Fee" and the "Plan Review Fee" only. There will be no refund of the collected "Long Range Planning", the "Zoning" or the "IT" fees.

Attach a Validated Copy of the Permit

Note: Refunds shall be mailed and may take up to six weeks to be processed.

FOR OFFICE USE ONLY	
Refund % (per SCC Section 16.02.80) _____	
Refund Amount (per SCC Section 16.02.80) \$ _____	
Processed by: _____	
Supervisor Approval Signature: _____	Date: _____